

**EMERGENCY MEDICATION RELEASE FORM**

My child, \_\_\_\_\_

is attending Vacation Bible School at Bethany Lutheran Church from June 26 – June 30.

I am depositing \_\_\_\_\_

with Bethany Lutheran Church for my child’s emergency use.

Bethany ONLY accepts emergency medications such as epipens, asthma inhalers etc.

NO daily or routine medications will be accepted.

My child’s allergies are:

- Medication: \_\_\_\_\_
- Food: \_\_\_\_\_
- Other: \_\_\_\_\_

I hereby authorize Bethany Lutheran Church and authorized personnel to administer the above medication in an emergency situation.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

---

I choose to have my child retain possession of any emergency medications, such as epipen and release Bethany from any loss or liability.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_